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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/396,727 07/19/2002  
 and claims benefit of 60/427,214 11/19/2002  
 and claims benefit of 60/432,998 12/13/2002  
 and claims benefit of 60/432,994 12/13/2002  
 and claims benefit of 60/432,995 12/13/2002  
 and claims benefit of 60/432,996 12/13/2002  
 and claims benefit of 60/433,611 12/16/2002  
 and claims benefit of 60/432,999 12/13/2002  
 and claims benefit of 60/433,582 12/16/2002  
 and claims benefit of 60/432,997 12/13/2002  
 and claims benefit of 60/432,984 12/13/2002  
 and claims benefit of 60/432,985 12/13/2002  
 and claims benefit of 60/432,983 12/13/2002  
 and claims benefit of 60/432,982 12/13/2002  
 and claims benefit of 60/433,001 12/13/2002  
 and claims benefit of 60/433,004 12/13/2002  
 and claims benefit of 60/433,002 12/13/2002  
 and claims benefit of 60/433,003 12/13/2002  
 and claims benefit of 60/433,610 12/16/2002  
 and claims benefit of 60/433,599 12/16/2002  
 and claims benefit of 60/433,605 12/16/2002  
 and claims benefit of 60/433,612 12/16/2002  
 and claims benefit of 60/433,005 12/13/2002

~~(\*) Data provided by applicant is not consistent with PTO records.~~

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/17/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	RI	DRAWING 50	CLAIMS 134	CLAIMS 26

## ADDRESS

26633  
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 20036-3001

<b>TITLE</b> Dry sprinkler	
<b>FILING FEE</b>  <b>RECEIVED</b> 4864	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	